

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/889733

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4	1					
5	1					
6		1				
7		1				
8		1				
9		1				
10		1				
11	1					
12		1				
13		2				
14		1				
15		1				
16	1					
17		1				
18		1				
19		1				
20		1				
21		1				
22		1				
23		1				
24		1				
25		1				
26		1				
27		1				
28		1				
29		1				
30		1				
31		1				
32		1				
33		1				
34		1				
35		1				
36		1				
37		1				
38		1				
39		1				
40		1				
41		1				
42		1				
43		1				
44		1				
45		1				
46	1					
47		1				
48	1					
49		1				
50	1					
TOTAL IND.	1	1				
TOTAL DEP.		1				
TOTAL CLAIMS	1	1				

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1				
52	1					
53		1				
54	1					
55		1				
56		1				
57		1				
58		1				
59	1					
60		1				
61		1				
62		1				
63		1				
64	1					
65		1				
66	1					
67		1				
68	1					
69		1				
70		1				
71						
72						
73						
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	12	1				
TOTAL DEP.	13					
TOTAL CLAIMS	25	1				

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS